

Kansas Minimum Data Set—KDHE Draft

1. Licensing Information
 - Federal Provider ID, License Number, License Status, Original License Date, License Expiration Date, Last Renewal Date, License Method (Nursing), License Type (including Dental Hygienist ECP 1 and 2)
2. Demographics
 - Date of Birth and Place of Birth, Gender, Race/Ethnicity, US Resident or Citizen
3. Retirement/Employment
 - Retiring in next two years; Actively recruiting practitioner and if so how long; Practice for sale; Currently attempting hire professional staff
4. Practitioner's Name
 - Credential/Professional Designation
5. Practitioner in Residence Program?
 - Institution, Address
6. Specialty(s)
 - Board Certification(s)
7. School from which earned degree in which practice
 - Degree, Degree Date, Highest Education Level, Graduate International School?
8. Practitioner's Address and Phone
9. Work Activities
 - Hours worked in direct Patient Care; Administration, Research, Teaching, Other non-patient care.
10. Practice Site(s)
 - Name, Address, Phone, Fax, Email, Patients seen at practice site per week; Hours worked at practice site per week; Specialty(s) practiced at practice site (including mental health); Percentage Medicaid and sliding scale patients at practice side; Dental hygienists, DH with ECP1 or 2, Dental Assistants, Scaling Assistants at practice site (dentist only); Accepting new patients at practice site; Work days until next available appointment for new patient at practice site.